



*Information for
Survivors of
USCG, USCGR, and NOAA
Retirees*

U.S. Department of Homeland Security
United States Coast Guard
HRSICPUB 1800
Rev: 13 March 2003
(on-line version only)

Information for Survivors of USCG, USCGR, and NOAA Retirees

Contents	Page
Filing Report of Death	1
Introduction	1
Un-cashed retired paychecks or direct deposit payments	1
Supporting Documentation	1
Unpaid Retired Pay	2
Procedure	2
Who may receive payment?	2
Survivor Annuities	3
General	3
Cost of living adjustments	3
Annual certification of eligibility	3
Annuities for children	3
Court Appointed Guardianship required	4
Federal Benefits	5
Introduction	5
VA Burial Allowance	5
Transportation of Remains of Military Retirees Dying in Military Hospital	6
National Cemetery Burial	6
Burial at Sea ALCOAST 255/01	7
Headstones and Grave Markers	7
Presidential Memorial Certificate	7
Dependency and Indemnity Compensation (DIC)	8
VA Non-Service Connected Death Pension	9
Social Security Lump Sum Death Payment	9
Social Security Survivor Benefits	9
Veterans Group Life Insurance (VGLI)	10
VA Life Insurance Programs	10
Medical Care At Uniformed Facilities	11
DoD TRICARE Managed Care Program of the Uniformed Services (TRICARE)	11
VA Dependents Educational Assistance	11
Common Questions Asked After Death of a Retiree	12
Introduction	12
Questions and answers	12
Applying for Final Retired Pay Due	14
Beneficiaries	14
Required Documentation	14
Filing Application	14
Payment	14
Claim for Final Retired Pay (CG HRSIC-3867)	15
Instructions for Completing Application for Annuity (CG HRSIC 1884)	16

Filing Report of Death

Introduction	<p>Coast Guard Human Resource Service and Information Center's (HRSIC) Retiree and Annuitant Services (RAS) must be notified upon the death of a retired Coast Guard or NOAA member.</p> <p>Prompt notification is necessary so payment may be made of any funds due the retiree's eligible survivors.</p> <p>The next of kin, or person representing next of kin, should notify HRSIC (RAS) by calling this toll free number:</p> <p style="text-align: center;">☎ 1 800 772-8724</p> <p>Other agencies to notify:</p> <p style="padding-left: 40px;">The Department of Veterans Affairs (☎ 1 800 827-1000)</p> <p style="padding-left: 40px;">The Social Security Administration (☎ 1 800 772-1213), or local office.</p>
Un-cashed retired paychecks or direct deposit payments	<p>Retired pay stops upon the death of the retired member. The next of kin must return, to HRSIC, all unnegotiated retired paychecks or direct deposit payments disbursed after the date of the retiree's death.</p>
Supporting Documentation	<p>You may need several documents to support your claims for various survivor benefits from the Coast Guard, and from various other agencies. Documents you will most likely need are as follows:</p> <ul style="list-style-type: none">• Death certificate (stating cause of death)• DD Form 214 (NOAA Form 56-16)• Retirement orders• Marriage certificate(s)• Divorce decree(s)• Birth certificate(s)

Unpaid Retired Pay

Procedure	When the notification of the death of a member is received, HRSIC (RAS) will send the designated beneficiary or next of kin a claim form on which to apply for the member's unpaid pay with instructions regarding its completion. Forms and procedures are also included in this booklet to speed the process.
------------------	---

Who may receive payment?	Retired pay due up to the date of a member's death is payable to the surviving person or person in the order of precedence provided on the Form. (Please see pages 15 and 16.)
---------------------------------	--

For assistance please contact HRSIC RAS at 1-800-772-8724.

Survivor Annuities

General	<p>The Application for Annuity (CG HRSIC-Form 1884), with instructions for its completion, is provided on pages 17 and 18 for use if the retired member was participating in one of the following plans:</p> <ul style="list-style-type: none">• Retired Serviceman's Family Protection Plan• Reserve Component Survivor Benefit Plan• Survivor Benefit Plan
Cost of living adjustments	<p>Annual cost-of-living adjustments (COLAs), based on the Consumer Price Index, will be applied to annuities as authorized by law.</p>
Annual certification of eligibility	<p>Annuitants are required to annually provide HRSIC (RAS) with certification of eligibility to continue receiving an annuity.</p> <ul style="list-style-type: none">• HRSIC (RAS) will notify you of this requirement each year during the month of your birth, and you will be asked to complete, sign, and return a certification form.
Annuities for children	<p>If an annuity is established for a retired member's dependent child or children, the annuity will be paid to a guardian until the child reaches the age of majority.</p> <ul style="list-style-type: none">• The annuity may continue beyond age 18, up to age 22, if the child is a full-time student at an approved educational institution. Certification of school attendance must be provided.• If the child is physically or mentally incapacitated the SBP annuity can be paid for the child's lifetime. If disability is not deemed permanent a current medical statement must be submitted every 2 years. The forms will be provided by HRSIC.• A Report of Existence is required on a semi-annual basis. The forms will be provided by HRSIC.

Continued on next page

Survivor Annuities, Continued

Court Appointed Guardianship required

If it is necessary to establish an annuity account for an incompetent annuitant either a court Appointed Guardianship must be established or a representative payee must be designated by the Coast Guard.

- A Power of Attorney is not acceptable.
 - A Semi-Annual Report of Existence is required when an annuity is payable to a guardian or other representative. Report forms and instructions will be provided by HRSIC (RAS).
 - For assistance please contact HRSIC (RAS) at 1-800-772-8724.
-

Federal Benefits

Introduction

The employment of an attorney or agent to process claims for survivor benefits is not necessary. Advice and assistance may be obtained from a casualty assistance officer at a military installation, the American Red Cross, or service organizations such as the American Legion, Veterans of Foreign Wars, and Disabled American Veterans. The following government agencies are also available to assist you:

Subject	Contact
Department of Veterans Affairs Benefits	Local VA office or call 1 800 827-1000
Social Security Benefits	Local Social Security Office or call 1 800 772-1213
Medical and TRICARE	Call 1 800 942-2422
ID Cards	Local military ID card issuing office

VA Burial Allowance

Who to Contact: Department of Veterans Affairs (VA).

Nature of Benefit:

Survivors of retirees who were receiving VA disability compensation or a VA pension are entitled to an allowance of \$300.00 toward funeral expenses. If burial is in a private cemetery, an additional plot allowance of up to \$150.00 may also be paid. If the retiree died from service-connected causes, the allowance may be greater.

Military Funeral Honors and Burial Flags

Who to Contact: Funeral Director who contacts 1-877-645-4667 Code #33634 (Generally the Funeral Director will assist in obtaining a flag from any VA regional office or U.S. Post Office. No flag may be issued without a completed VA Form 21-2008, Application for United States Flag for Burial Purposes. Smaller U.S. post offices may not have flags available, however the Funeral Director should direct the person to the proper site to obtain a flag.)

Continued on next page

Federal Benefits, Continued

Military Funeral Honors and Burial Flags (cont'd)

Nature of Benefit:

Every veteran is entitled to have the following at his/her funeral: (1) An American flag to drape the casket, (2) Two or more uniformed military persons, with at least one a member of the veteran's parent service of the Armed Forces, to attend the funeral in uniform, (3) The American flag folded by the Service members and presented to the family with the Service's condolences and (4) Taps played either by bugler or CD.

Transportation of Remains of Military Retirees Dying in Military Hospital

Who to Contact: Hospital Liaison or call
USCG HRSIC RAS
☎ 1-800-772-8724

Nature of Benefit:

A retired member who dies while admitted to a military medical facility located in the United States may be eligible for transportation of remains at Coast Guard expense to the place of the deceased's last permanent residence.

National Cemetery Burial

Who to Contact: * Burials other than Arlington – 1-800-827-1000
* Arlington National Cemetery - 703 695-3250/53/55

Nature of Benefit:

Military retirees, their spouses and minor children may be buried in national cemeteries, including Arlington National Cemetery, subject to the availability of grave space. There is no charge for opening or closing of graves. Arrangements and expenses such as obtaining the services of a funeral director, selecting a funeral home, preparation of the remains and transportation to the national cemetery are the responsibility of the survivors. No gravesites are reserved in national cemeteries. Only one gravesite is available for eligible members of a family unit. The remains of additional eligible family members are interred in the same gravesite as a previously deceased member of the family.

Continued on next page

Federal Benefits, Continued

Burial at Sea ALCOAST 255/01

Who to Contact: Coast Guard Integrated Support Command, Decedent Affairs Officer (Nearest Coast Guard Unit for Information or call 1-800-772-8724)

Nature of Benefit:

Large Cutter Commanding Officers and Coast Guard Group Commanders may authorize burials at sea, based on operational commitments and the availability of a Coast Guard Cutter. The Integrated Support Command Decedent Affairs Officer coordinates Burial at Sea requests. Due to emotional, logistical and safety factors, next of kin are encouraged not to attend the burial at sea.

Headstones and Grave Markers

Who to Contact:

MEMORIAL PROGRAMS SERVICE (403A)
DEPARTMENT OF VETERANS AFFAIRS
810 VERMONT AVE N.W.
WASHINGTON DC 20420-0001
☎ 1 800 697-6947 or at www.cem.va.gov/hm.htm

Nature of Benefit:

The VA provides, upon request, a headstone or grave marker free of charge (including shipping and setup) for any deceased retiree interred in a national cemetery. For burial in a private cemetery, the VA headstone or marker is free, but there is a charge for setup which is the responsibility of the retiree's survivors. Next of kin may request that space on the marker be reserved for later inscription of spouse information.

Presidential Memorial Certificate

Who to Contact: Department of Veterans Affairs (VA 202-565-4964 (office) or 202-565-8054 (fax) www.cem.va.gov/pmc.htm)

Nature of Benefit:

Upon application, the VA prepares a certificate, which bears the President's signature and expresses the country's grateful recognition of the retiree's service in the Armed Forces.

Continued on next page

Federal Benefits, Continued

Dependency and Indemnity Compensation (DIC)

Who to contact: Department of Veterans Affairs (VA). 1-800-827-1000
<http://www.vba.va.gov/bln/dependents/Spouse.htm>

Nature of Benefit:

- DIC is a monthly benefit paid to a member's survivors when cause of death is attributable to an injury or disease incurred while on active duty. DIC is also paid to a member's survivors when death was not from a service-connected condition **if** the member had been rated **by the VA** as 100% disabled for 10 continuous years before death (or 5 continuous years since release from active duty).
- DIC can be paid to a surviving spouse, children, or parents. The DIC amount depends on the survivor's relationship to the deceased. DIC is a flat rate, established annually, to a surviving spouse. An additional amount is paid if there are dependent children being cared for by the surviving spouse, or if the member was rated by the VA as 100% disabled for at least 8 years preceding death.
- If the VA awards DIC to the surviving spouse and the spouse is also eligible for a Coast Guard SBP annuity, the spouse forfeits an amount equal to the DIC from his/her SBP annuity. The surviving spouse will receive a refund of SBP costs based on the difference between the SBP costs actually paid by the retiree, and the SBP costs that would have been incurred in order to provide the annuity payable after the DIC reduction. **The SBP cost refund is only given if the surviving spouse makes claim with the VA for DIC within 1 year after the retiree's death.**
- DIC is a tax-free benefit.

Continued on next page

Federal Benefits, Continued

**VA Non-
Service
Connected
Death Pension**

Who to Contact: Department of Veterans Affairs (VA). 1-800-827-1000

Nature of Benefit:

Surviving spouses and/or children may qualify for this benefit. To be eligible, the veteran must have served for at least 90 days during wartime and must have been permanently and totally disabled from a disability not related to service. The survivor must also meet certain income guidelines established by the VA.

**Social Security
Lump Sum
Death Payment**

Who to Contact: Social Security Administration. 1-800-772-1213
www.ssa.gov

Nature of Benefit:

A lump sum death payment is payable by Social Security to eligible survivors. Only one payment per family is authorized.

**Social Security
Survivor
Benefits**

Who to Contact: Social Security Administration. 1-800-772-1213
www.ssa.gov

Nature of benefit:

Monthly social security survivor benefits can be paid to a surviving spouse who is 60 years of age or older, 50 or older and disabled, or at any age if the spouse has a dependent child. If there is no surviving spouse, social security survivor benefits can also be paid to a dependent child or dependent parent. Contact your local Social Security office for details.

Continued on next page

Federal Benefits, Continued

Veterans Group Life Insurance (VGLI)

Who to Contact:

OFFICE OF SERVICEMEMBER'S GROUP LIFE INSURANCE (OSGLI)
290 W MT PLEASANT AVE
LIVINGSTON NJ 07039-2747
☎ 1 800 419-1473

Nature of Benefit:

Retirees have the option of converting their Servicemembers' Group Life Insurance (SGLI) to Veterans Group Life Insurance (VGLI) upon retirement. If the retiree had VGLI coverage, call the phone number shown above.

.

VA Life Insurance Programs

Who to Contact: Department of Veterans Affairs (VA), 1 800 669-8477.

Nature of Benefit:

The VA has administered numerous life insurance programs since 1919, including:

- U.S. Government (USGLI)
- National Service (NSLI)
- Veterans Special (VSLI)
- Service Disabilities (SDVI)
- Veterans Reopened (VRI)
- Veterans Mortgage (VMLI)

If the deceased had coverage under any of these programs, the survivors need to call the VA at the above toll free number.

Continued on next page

Federal Benefits, Continued

Medical Care At Uniformed Facilities

Who to Contact: Local military medical facility.

Nature of Benefit:

Medical care for surviving dependents of deceased retired Coast Guard and NOAA personnel may be provided in medical facilities of the Uniformed Services, subject to the availability of space, facilities and the capabilities of the professional staff.

DoD TRICARE Managed Care Program of the Uniformed Services (TRICARE)

Who to Contact: Health Benefits Advisor (HBA),
Coast Guard Maintenance and Logistics Command,
☎ 1 800 942-2422.

Nature of Benefit:

TRICARE-Standard. This option is the same for survivors as it was while the retiree was alive.

VA Dependents Educational Assistance

Who to Contact: Department of Veterans Affairs (VA). 1-800-827-1000


Nature of benefit:

If a retiree dies of a service-connected disability, the deceased retiree's child (age 18-26) or spouse may be eligible for dependents educational assistance. Contact the VA for details.

Common Questions Asked After Death of a Retiree

Introduction

Listed below are some of the more common questions we receive from survivors after the death of a retiree. If you need more information or assistance please feel free to give us a call at this toll-free number:

 **1 800 772-8724**

Questions and answers

Q My spouse died on 20 September. Can I keep his retired paycheck dated 1 October?

A No, this check is for 30 days and your spouse lived only 20 days of the month. You need to return the 1 October payment to HRSIC (RAS). RAS will issue a special payment for 1-20 September to whomever your spouse designated to receive final retired pay.

Q Will the Coast Guard pay any money for the burial of a retiree?

A No. The Social Security Administration, Department of Veterans Affairs and life insurance policies pay certain burial benefits.

Q Why do I have to submit a claim for final retired pay due when HRSIC stopped my spouse's pay based upon a telephone report of death?

A A review of the claim and death certificate is conducted to ensure the correct amount of final retired pay is paid to the beneficiary. If a retiree dies around midnight, there may be a difference of one day's pay when compared to the telephone report of death.

Continued on next page

Common Questions Asked After Death of a Retiree, Continued

Questions and answers (continued)

Q My spouse retired from Civil Service. Where do I submit my claim for benefits?

A You should submit a letter applying for all benefits. Please include the retiree's civil service claim number (it usually begins with **CSA**). Attach a copy of your spouse's death certificate and mail to:

CORRESPONDENCE & DEATH CLAIMS BRANCH
RETIREMENT OPERATIONS CTR
PO BOX 45
BOYERS PA 16020
☎ 1-888-767-6738

Q My spouse received money from the Social Security Administration and the Department of Veterans Affairs. Will HRSIC notify these agencies of my spouse's death?

A No, it is the responsibility of the family to notify these agencies. The funeral home handling the burial arrangements may notify these agencies for you.

Q Will the Coast Guard pay for transportation of family members to attend the funeral services?

A No, it is the responsibility of attendees to pay for their own transportation.

Q Will the Coast Guard provide military honors at my spouse's funeral service?

A Yes. All Services are required by law to provide Military Funeral Honors (MFH) at the funeral of a veteran, if requested by the family. The Funeral Director arranges for the MFH. The Funeral Director will make arrangements for two uniformed members, one of whom shall be a member of the veteran's parent service of the Armed Forces, to attend the funeral. These personnel will also fold an American flag and present the flag to the family with the Service's condolences. MFH also includes the playing of Taps either with a bugler or a CD.

Applying for Final Retired Pay Due

Beneficiaries	<p>When a retired member dies, retired pay due through the date of death is paid in this order of precedence:</p> <ol style="list-style-type: none">Beneficiary designated by the member in writing. The beneficiary form must be received by the Coast Guard prior to the member's death.Surviving spouse.Children and their descendants, by representation.Father and mother in equal parts or, if either is deceased, the survivor.Legal representative.Person entitled under the law of the domicile of the retiree.Person paying the funeral expenses.
----------------------	---

Required Documentation	<p>You must provide the following documentation to apply for final pay due.</p> <ul style="list-style-type: none">A completed HRSIC Form 3867 (see next page). Two witnesses must sign and date the form when the applicant signs with an "X". If you are claiming final retired pay as executor, or payer of the funeral bill, you must provide the supporting documentation as requested on the form.<u>Copy of death certificate.</u> Note: Death certificate must state cause of death.
-------------------------------	---

Filing Application	<p>Send completed form to:</p> <p>COMMANDING OFFICER (RAS) USCG HUMAN RESOURCES SERVICE & INFORMATION CENTER 444 SE QUINCY ST TOPEKA KS 66683-3591</p>
---------------------------	--

A self-addressed envelope will be provided for your convenience.

Payment	<p>You can expect to receive your payment for final retired pay due within 45 days after we receive the claim form and supporting documents.</p>
----------------	--

Information for Survivors of USCG, USCGR, and NOAA Retirees

Department of Homeland Security U. S. Coast Guard CG HRSIC-3867 (03/03)	CLAIM FOR FINAL RETIRED PAY			
1. Name, Rank, and Social Security Number of Deceased Retiree		2. Date of Retiree's Death		3. Date of Claim
<p>•4. By signature below, I certify that all statements on this claim are true to the best of my knowledge, information and belief. I certify that no evidence to the settlement of this claim has been suppressed or withheld. I understand that any false statement on this claim, or any misrepresentation relative thereto, is a violation of the law punishable by fine of not more than \$10,000 or imprisonment of not more than 10 years or both (32 Statute 197; 18 U.S.C. 10).</p> <p>•IF SUBMITTING THIS CLAIM AS A SURVIVING SPOUSE I certify that I was married to the deceased at the time of death. Such marriage had not been dissolved prior to his/her death.</p> <p>•IF SUBMITTING THIS CLAIM AS LEGAL REPRESENTATIVE/EXECUTOR/ADMINISTRATOR I certify that I have been duly appointed in this capacity and such appointment is still in full force and effect. A court certificate evidencing my appointment is attached.</p> <p>•IF SUBMITTING THIS CLAIM AS THE PERSON PAYING THE FUNERAL EXPENSES I have attached a copy of the funeral bill.</p>				
Name and Social Security Number	Age	Relationship to Deceased	Address and Telephone Number	Signature
			()	•
			()	•
			()	•
			()	•
<p>An application signed with an "X" must be witnessed (by two disinterested persons) or notarized or countersigned by the person holding power of attorney. A copy of the power of attorney and explanation why the applicant required assistance must also be submitted.</p>				
SIGNATURE OF WITNESS		SIGNATURE OF WITNESS		
ADDRESS		ADDRESS		
()		()		
TELEPHONE NUMBER		TELEPHONE NUMBER		
DATE		DATE		
PRIVACY ACT STATEMENT				
1. <u>AUTHORITY</u> : 10 U.S.C. Section 2771. 2. <u>PURPOSE/USE</u> : To allow eligible claimants to apply for arrears of retired pay. 3. <u>DISCLOSURE</u> : Disclosure of this information is voluntary, but without disclosure, a beneficiary may not receive the final pay due the deceased retiree.				

Instructions for Completing Application for Annuity (CG HRSIC 1884)

Part A	Self-explanatory.
Part B	<p>Numbers 4, 5, 6 and 7. Self-explanatory.</p> <p>Number 8. Any correspondence (i.e. tax forms, annual certifications, etc.) and the Retiree Newsletter will be sent to the address you provide in this box.</p> <p>Number 9. Self-explanatory.</p> <p>Number 10. To be completed by current spouse.</p> <p>Number 11. To be completed by former spouse, if applicable..</p> <p>Number 12. If you are receiving a survivor annuity from a deceased retiree from any branch of the armed forces, you are not eligible for an annuity from a Coast Guard retiree.</p>
Part C	If a child is a minor or an incapacitated child, provide custodian information.
Part D	Self-explanatory.
Part E	If information required is not known, contact your financial institution.
Part F	<p>Federal Income Tax Withholding (FITW). You may change your elected withholding, or elect no withholding, at any time by submitting an IRS Form W-4P.</p> <p>State Income Tax Withholding. Although most states consider annuities as taxable income, we cannot withhold state income tax from annuities.</p>
Part G	An annuitant whose application is signed with an “X” must be witnessed (two disinterested persons) or notarized or countersigned by the person holding power of attorney. A copy of the power of attorney and explanation why the annuitant required assistance must be submitted.
Express Annuity Start	To enable RAS to start benefit processing under the Express Annuity Start system, please complete Form CG HRSIC 1884 and mail it to us. This form will be retained in your retired file and information verified to start the survivor benefits.
Questions	If you have any questions or concerns please call your pay technician at 1-800-772-8724.

APPLICATION FOR ANNUITY UNDER THE SURVIVOR BENEFIT PLAN (SBP), RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP), RETIRED SERVICEMAN'S FAMILY PROTECTION PLAN (RSFPP) AND/OR FINAL RETIRED PAY DUE

Privacy Act Statement

Authority: Public Law 92-425/10 USC 2771.
Purpose/Use: To establish and compute pay of annuitants and payment of final retired pay.
Disclosure: Disclosure of this information is voluntary, but without disclosure, an annuity and/or final retired pay will not be paid.

Part A – Information About The Deceased Member

1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Death
---------------------------------------	---------------------------	------------------

Part B -- Surviving Spouse/Former Spouse, Insurable Interest Information

4. Name (Last, First, Middle Initial)	5. Social Security Number	6. Date of Birth
7. Telephone Number: ()	8. Correspondence Mailing Address (including zip/postal code):	9. What is your country of citizenship?
10. Were you legally married to the deceased at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. If yes, provide, Place of Marriage:		b. Date of Marriage:
11. If former spouse, have you remarried? (If yes, provide place and date of remarriage) <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. Place of Remarriage:		b. Date of Remarriage:
12. Are you receiving a survivor annuity on behalf of any other deceased military member? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide deceased member's name, social security number, branch of service and monthly amount below)		
a. Name of Deceased Member	b. Social Security Number:	c. Branch of Service: d. Amount:

Part C -- Eligible Children of the Deceased Under the Age of 23 or Incapable of Self-Support

13a. Name:	13f. Name, Address, Relationship and Telephone Number of Custodian		
13b. Social Security Number:	13c. Date of Birth:		
13d. Marital Status:	13e. Full-Time Student ? <input type="checkbox"/> Yes <input type="checkbox"/> No	()	
14a. Name:	14f. Name, Address, Relationship and Telephone Number of Custodian:		
14b. Social Security Number:	14c. Date of Birth:		
14d. Marital Status:	14e. Full-Time Student ? <input type="checkbox"/> Yes <input type="checkbox"/> No	()	
15a. Name:	15f. Name, Address, Relationship and Telephone Number of Custodian:		
15b. Social Security Number:	15c. Date of Birth:		
15d. Marital Status:	15e. Full-Time Student ? <input type="checkbox"/> Yes <input type="checkbox"/> No	()	

Part D -- Guardian Information											
16. Has a guardian been appointed by a court for any of the named survivors in Part B or C? <i>If yes, provide a copy of the court order.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No											
Part E -- Direct Deposit Information											
17a. <input type="checkbox"/> Continue direct deposit to the same account used for member's retired pay. (Continue to Part F) 17b. <input type="checkbox"/> Direct deposit account shown below. (Complete blocks 18 through 19b or attach a blank voided check)											
18. Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings											
19a. Routing Transit Number (RTN)	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> Check Digit	
19b. Account Number _____											
Part F -- Federal Income Tax Withholding Information											
20. <input type="checkbox"/> I do not want any federal tax withheld from my annuity. (Continue to Part G)											
21. Marital Status (check one): <input type="checkbox"/> Single, <input type="checkbox"/> Married or <input type="checkbox"/> Married but withhold at higher single rate											
22. Total No. of Exemptions Claimed _____	23. Additional Withholding (optional) \$_____										
Part G -- Affidavit and Signature											
24. I certify that all statements on this claim are true to the best of my knowledge, information, and belief. I certify that no evidence to the settlement of this claim has been suppressed or withheld. I understand that any false statement on this claim, or any misrepresentation relative thereto, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 10 years or both (32 Stat. 197; 18 U.S.C 10). I understand under the law, I cannot receive both a CG or NOAA Annuity and Dependency & Indemnity Compensation (DIC) in full amounts from the same retiree. I am only entitled to the amount of the CG or NOAA annuity that exceeds the DIC spouse payment. If any overpayments of CG or NOAA benefits occur, I authorize the Department of Veteran Affairs to repay the Coast Guard the Amount of the overpayment from the DIC payments to which I may become entitled.											
24a. Date: _____	24b. Signature of Applicant: _____										
WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE. An annuitant whose application is signed with an "X" must be witnessed (by two disinterested persons) or notarized or countersigned by the person holding power of attorney. A copy of the power of attorney and explanation why the annuitant required assistance must also be submitted											
25. (PRINT) Witness Name (Last, First, MI)	25a. Witness Signature										
25b. Witness Address (Street, City, State and Zip Code)	25c. Witness telephone number ()	25d. Date									
26. (PRINT) Witness Name (Last, First, MI)	26a. Witness Signature										
26b. Witness Address (Street, City, State and Zip Code)	26c. Witness telephone number ()	26d. Date									